Illinois Department of Revenue

CMFT-2 Multiple-Site Form (Attach to Form CMFT-1)

Rev
Form

_____
Do not write above this line.

IBT no.:__ __ __ __ __ __ __ __   Liability period:_____

Owner's name_____

Business name_____

You must round your figures to whole dollars. See instructions.
Site where the taxable retail sale was made:

	Column A Number of taxable gallons		Column B Amount of tax

Location code   _____   (4) _____ X   = (5) _____
Site name   _____
Site address   _____
                 _____
City, state, ZIP _____

Location code   _____   (4) _____ X   = (5) _____
Site name   _____
Site address   _____
                 _____
City, state, ZIP _____

Location code   _____   (4) _____ X   = (5) _____
Site name   _____
Site address   _____
                 _____
City, state, ZIP _____

Location code   _____   (4) _____ X   = (5) _____
Site name   _____
Site address   _____
                 _____
City, state, ZIP _____

Location code   _____   (4) _____ X   = (5) _____
Site name   _____
Site address   _____
                 _____
City, state, ZIP _____

Location code   _____   (4) _____ X   = (5) _____
Site name   _____
Site address   _____
                 _____
City, state, ZIP _____

Column totals (See instructions for multiple pages.)

_____   _____
Write the total of this   Write the total of this
column on Line 4 of   column on Line 5 of
Form CMFT-1.   Form CMFT-1.

CMFT-2 (R-9/98)